



OKLAHOMA STATE DEPARTMENT OF HEALTH ADMINISTRATIVE PROCEDURES MANUAL

NUMBER: 1-16
TITLE: Reasonable Accommodations in Employment
ADOPTED: June 1998
LAST REVIEWED: November 2013
RESPONSIBLE SERVICE: Civil Rights Administrator
APPROVED: Terry Cline, Ph.D.
Terry Cline, Ph.D.
Commissioner

I. Purpose

The purpose of this administrative procedure is to define the Oklahoma State Department of Health's (OSDH) commitment to provide reasonable accommodations for OSDH employees and applicants for employment and establish the requirements for providing reasonable accommodations for qualified employees with a disability and applicants for employment with a disability. A request for a reasonable accommodation shall not be granted if the accommodation imposes an undue hardship on the OSDH.

This OSDH procedure is intended to be in compliance with the Americans with Disabilities Act (ADA) of 1990 as amended (Public Law, 110-325).

II. Notice to All Oklahoma State Department of Health Employees and Applicants for Employment

Under the Americans with Disabilities Act, as amended, OSDH cannot discriminate against qualified employees and applicants for employment on the basis of disability, and must make reasonable accommodations to qualified employees with disabilities who are unable to perform the essential functions of an employment position without the accommodations. Additionally, the ADA, as amended, requires OSDH to accommodate applicants for employment during the application process.

A. Definition

The ADA, as amended, definition of an individual with a disability is very specific. A person with a "disability" is an individual who:

- a. Has a physical or mental impairment that substantially limits one or more major life activities;

- b. Has a record of such an impairment; or
- c. Is regarded as having such an impairment.

B. Process

1. Any employee of the OSDH who has a physical or mental impairment that substantially limits his/her ability to perform the essential functions of his/her job position and desires a reasonable accommodation, must notify the immediate supervisor of the need for an accommodation. The supervisor shall notify the Civil Rights Administrator [Mr. R. Charles Smith, Civil Rights Administrator, 1000 N.E. 10th Street, Oklahoma City, OK 73117-1299; CharlesS@health.ok.gov (E-mail); and (405) 271-3192 (FAX)] in writing of the requested accommodation by having the employee complete ODH Form 260 (Reasonable Accommodations Request Form). The Civil Rights Administrator shall assist the supervisor in determining whether the employee meets the ADA, as amended, definition of an individual with a disability and if the accommodation can be provided without undue hardship on the OSDH. The Civil Rights Administrator may consult with the Office of General Counsel as necessary. The Civil Rights Administrator shall notify the employee and the supervisor of the decision.
2. If an employee's impairment is not known or otherwise visible or the extent, duration, and severity of the impairment are not known, the OSDH has the right and obligation to request such documentation from the employee before providing the requested accommodation.
3. Also, any applicant for employment with the OSDH, who has a physical or mental impairment that substantially limits his/her ability to participate in the application process and desires a reasonable accommodation, must notify the Civil Rights Administrator of the need for an accommodation, identify the impairment, and identify the requested accommodation. The Civil Rights Administrator shall provide the applicant with the Reasonable Accommodation Request Form (ODH No. 260). The Civil Rights Administrator shall determine whether the accommodation can be provided without undue hardship on the OSDH. The Civil Rights Administrator may consult with the Office of General Counsel as necessary. The Civil Rights Administrator shall notify the applicant and the hiring authority of the decision.
4. It is the responsibility of the supervisor to provide the employee with the Reasonable Accommodations Request Form (ODH No. 260). It is the employee's or applicant's responsibility to complete the form and the supervisor shall forward the completed employee's form to the Civil Rights Administrator, and the applicant shall submit his or her

completed form directly to the Civil Rights Administrator. If any requested accommodation is denied for any reason, an employee or an applicant has the right to request an additional review of the requested accommodation and the decision by requesting that the Civil Rights Administrator submit the completed ODH No. 260 for an additional review. The Civil Rights Administrator shall forward the completed ODH No. 260 (Reasonable Accommodations Request Form) to the Commissioner. The Commissioner reserves the right to seek any additional information or recommendations from the Civil Rights Administrator, the Office of General Counsel, or as otherwise necessary before issuing a final decision to the employee or applicant. The Civil Rights Administrator shall notify the employee or applicant and the supervisor or hiring authority of the final decision.

III. References

Americans with Disabilities Act (ADA) of 1990 as amended (Public Law, 110-325)

IV. Action

The Commissioner is responsible for ensuring the annual review of this administrative procedure.

The Civil Rights Administrator is responsible for the annual review and revision of this administrative procedure.

Any exceptions to this administrative procedure require prior written approval of the Commissioner.

This procedure is effective immediately as indicated.

V. Attachments

<u>Attachments</u>	<u>Title</u>	<u>Location</u>
ODH No. 260	Reasonable Accommodations Request Form	Attached

REASONABLE ACCOMMODATIONS REQUEST FORM

TODAY'S DATE: _____

EMPLOYEE/APPLICANT'S NAME: _____

CURRENT OR APPLIED FOR JOB CLASSIFICATION/TITLE: _____

DUTY STATION/DIVISION: _____

EMPLOYEE OFFICE TELEPHONE OR APPLICANT TELEPHONE NUMBER: _____

SUPERVISOR'S NAME (If applicable): _____

DISABILITY/IMPAIRMENT:

JOB FUNCTIONS OR APPLICATION PROCESS AFFECTED BY DISABILITY/IMPAIRMENT:

REQUESTED ACCOMMODATION: _____

Employee's or Applicant's Signature: _____

Supervisor's Signature (If applicable):

TO BE COMPLETED BY THE CIVIL RIGHTS ADMINISTRATOR:

DATE REQUEST _____ ☐ APPROVED or ☐ DENIED AND REASON FOR DENIAL:

Civil Rights Administrator's Signature: _____

SEND TO:

R. Charles Smith
Civil Rights Administrator
Oklahoma State Department of Health
1000 N.E. 10th Street
Oklahoma City, OK 73117-1299
FAX: (405) 271-3192